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Bib Data Sheet

CONFIRMATION NO. 3096

<b>SERIAL NUMBER</b> 10/718,804	<b>FILING OR 371(c) DATE</b> 11/24/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 8932-872	
<b>APPLICANTS</b> Michael L. Boyer II, Paoli, PA; David C. Paul, Phoenixville, PA; Christopher M. Angelucci, Schwenksville, PA;					
<b>** CONTINUING DATA *****</b> This application is a CON of 09/927,335 08/13/2001 PAT 6,652,593 which claims benefit of 60/271,745 02/28/2001					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/24/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 28977					
<b>TITLE</b> Demineralized bone implants					
<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		